



UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Paul Remijan and James E. McDonald
Application No.: 10/042,126 Filed Date: October 19, 2001
Confirmation No.: 2027 Group: 3739 Examiner: Michael F. Peffley
For: Miniature Endoscope with Imaging Fiber System

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>March 29, 2004</u>	<u>Mary P. McDermott</u>
Date	Signature
Mary P. McDermott	
Typed or printed name of person signing certificate	

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Amendment and Fee Transmittal

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	20	MINUS	*20	0	X \$9	\$	X	\$18	\$
INDEP	3	MINUS	**3	0	X \$43	\$	X	\$86	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$145	\$	+	\$290	\$
					TOTAL =	\$ 0	TOTAL =	\$0	

* not fewer than 20

** not fewer than 3



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Please charge Deposit Account No. 50-1935 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>0</u>

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A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three months Extension of Time	\$ <u>950.00</u>
<input type="checkbox"/>	Amendment Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	
	<u>Information Disclosure Statement</u>	\$ <u>180.00</u>
	_____	\$ _____
	TOTAL:	\$ <u>1,130.00</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 50-1935 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

BOWDITCH & DEWEY, LLP

Bowditch & Dewey, LLP
161 Worcester Road
P.O. Box 9320
Framingham, Massachusetts 01701-9320

By Thomas O. Hoover
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